

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL 09/742622  
APPLICANT(S)

FILING DATE

CLAIMS						
	ORIGINAL		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	NO	DEF	NO	DEF	NO	DEF
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
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99						
100						
TOTAL NO.	3					
TOTAL DEF.	18					
TOTAL CLAIMS	21					
TOTAL NO.						
TOTAL DEF.						
TOTAL CLAIMS						